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THE FUTURE OF NURSING

On November 5, 1928 I was in Berlin with four hours to spend between a train that had brought me from Latvia and a train that was to take me to Paris. I went over to the Adlon Hotel to read the Paris edition of the New York Herald, and find out who had been elected President of the United States. It was Herbert Hoover.

Moments of relative idleness occasionally pay singular dividends. For some reason or other it occurred to me that it might be fun to waste an hour or two writing down a forecast of what kind of a President Herbert Hoover would make. So I took a few sheets of Adlon stationery and started to write out in actual sentences what I thought would happen.

The results were entirely unexpected. I still have that forecast but if I were to read it your attention would be deflected from facts that are far more important than either the accuracy or the comprehensiveness of that prophecy.

My first surprise was that I had taken more paper than I could fill. I thought I had quite a lot of clear ideas to put down. But when it came to making actual sentences of them with subjects and predicates, with simple nouns and verbs, adjectives and adverbs, I did not have so much to say even though I was free from the obligation to stick to facts, and could state mere surmises and suppositions.

The next fact that became evident, and impressive in its obviousness, has stayed with me, and will stay with me for the rest of my life. It is quite simple: if you want to find out how little you know about a situation, just sit down and try to put on paper what you think explicitly its future development will be. The immediate and overwhelming result is that you find yourself more lamentably lacking in knowledge than you could possibly have realized from any other exercise of your mind. You find yourself writing a virtual index of

your ignorance. You find yourself saying, "But before I commit myself on point X I would have to know a good deal more about points A, B, and C. And I don't know enough about A, B, and C to say anything at all." In short, you find yourself putting down a whole array of really consequential questions. Aren't questions important?

It is reported - but I will not vouch for the authenticity of the story - that in her last hours Gertrude Stein, wakening from a period of drowsiness, suddenly sat bolt upright and called out loudly, "What is the answer? What is the answer?" Miss Toklas coming into the room and seeking to comfort her said, "There isn't any answer." "Then what is the question?" cried Gertrude Stein and fell back, dead.

It was said of Franklin Roosevelt that even if he did not know the right answer to many questions he knew the right questions to ask.

In any event, if you try to forecast the future you will find yourself asking a more serious and significant set of questions than you would otherwise think of putting together.

The third fact that I began to learn in the Adlon Hotel is that if you ever want to get interested in the development of something, just try writing down what its future will be. I watched Hoover's career with redoubled interest because I tried to foretell it.

I shall not explore another aspect of forecasting, namely, that such sciences as astronomy, which cannot prove their theories by laboratory experiments, go far toward establishing the value of their theories by testing the accuracy of their predictions. Indeed the test of accurate predictability is a criterion valuable to scientists, and may, I think, be strongly recommended to such social sciences as lack experimental opportunities to test their theories. In medicine we use it, but we sometimes ignore the salutary discipline imposed

upon us as doctors and nurses by the demands for some sort of prognosis. We could usefully apply prognosis to our own professions.

I have told you this story about trying to predict the course of Hoover's administration because if you want to learn more about nursing and thoroughly enjoy watching its development from now on, then take a few sheets of paper and plenty of time and force yourself to commit yourself to some good clear statements on the future of nursing. From that exercise you will get the desire to find answers to the most remarkably consequential and significant questions. And you will have a continuing interest in the field as it develops.

Most speakers have to work harder than their audiences. But most speakers talk about the past. My subject is the Future of Nursing and this may justify me in righting an ancient wrong by suggesting that you can work as hard as the speaker, indeed, that any exciting and useful knowledge you can obtain about nursing must be secured by your own effort in setting down your own forecast of the Future of Nursing. I urge you to do this. How right your predictions may prove to be will seem quite secondary: It is the by-products that will bring your restless interest and lasting satisfaction.

Perhaps I owe you some measure of example along with so much precept and exhortation. So I will list, not for your edification, but for your critical examination, some of the questions whose answer might enable one to forecast the Future of Nursing. And for the sake of definiteness let us say that the future means the next four decades - a period that would cover the probabilities, if not quite the hopes, of everyone here.

To forecast the future of any profession one would look first to the demand and further to the need for the services it renders. In the case of nursing, beyond the demand and the need lies the question of what is our current and our future view of illness. We no longer regard sickness as Divine

punishment, or an act of God to refine our characters by tribulation. We have advanced from that stage but we haven't the right attitude even yet. In the main we still regard illness and accidents as bad luck. But we are now beginning to regard illness as at least a calculable risk to be provided for on the insurance principle, and we are slowly learning that health and good medical care can be provided by the use of foresight, effort and money. Merely this new and growing attitude toward illness reinforces the belief that the need for nurses will increase.

As health conditions and medical care improve, the life span of the individual will increase, his losses from illness will diminish and thus the urgency of good care when he does fall ill, will impress him all the more by contrast. In other words, as illness becomes less of a commonplace experience it will receive more attention and importance in the minds of laymen. The more illness is prevented and the better it is cared for the more effective attention it will receive.

Is there any evidence for believing that the technical care of the sick is becoming less exacting? Is medical science and the best care it can provide becoming less intricate and precise? No. Therefore, the demand for nursing competence will increase.

What is the present ratio of the number of nurses to the number of doctors? Is it on the increase? Or the ratio of nurses to hospital beds - private, semi-private and open ward? Or the ratio of nurses to the population - urban and rural?

What can we learn for the future of nursing from studies in the field of medical economics? Is it not the part of common sense to bear in mind constantly the fall in the purchasing value of the dollar? Just how much of a correction, then, should be made in all statements of salaries, of hospital

endowment income, of educational budgets? Is the nursing profession to blame for the apparent increase in the cost of its services?

Is there any indication that the government has reached the peak of its greatly increased programs in medical care? I have seen no evidence that as veterans grow older they need less nursing, and the same factors will be in operation if the proportion of elderly people in the population increases.

Now it is particularly important to realize that as mass production and assembly line procedures make manufactured articles amazingly cheap, the cost of personal services becomes far higher relative to the cost of things. What would the figures show regarding the increasing cost of domestic servants, administrators, hair dressers, or private tutors - all occupations in which personal service is essential? The cost of nursing care is increasing with all other costs that involve personal care in contrast to work that can be done by machines.

Since the answers to all these questions establishes the certainty that nursing costs and the demands for nurses are growing let us ask if there is any likelihood that nurses will be supplanted by any other occupational group. Is nursing as a profession likely to be taken over by men? If so, to what extent?

And what alternatives do women, young or old, have to nursing as a career? Is the marriage rate increasing above the approximate 66 per cent of girls from 18 to 22 who get married? And the divorce rate? And will women enter in larger numbers the ranks of wage earners in an increasing number of callings or occupations? Must nursing in the future compete with more alternative careers or fewer? What proportion of its ranks will nursing lose each year?

It has been characteristic of religious institutions for their staffs to be underpaid and overworked. Will the hospitals rid themselves of this heritage, in their ambition to become more businesslike in their methods?

When shall we learn to pay for what used to be given in the name of charity?

Is the population still moving to the cities? What effect does that have on the rural girl's choice of occupation? How rapidly is our population increasing relative to the number of nurses?

If the future of these conditions that influence the number of nurses needed and available is a future where the supply will hardly equal the demand can nurses solve the problem by reorganizing their methods of work? Already there are several rather different kinds of nurse's work: Hospital, public health and visiting nurses, private duty, work in doctors' offices, industrial work, teaching, and the housekeeping, clerical, and general work that could more economically be assigned to ward maids.

What are the proportions in each of these fields, of nurses with a college degree, of nurses from a three-year nursing school that followed high school, of nurses with one year or less of experience in nursing? What are the trends? What are the needs and what does the public seem willing or able to pay? Or to provide in lieu of salaries? When will the public realize that the cost of medical care ranks with food, houses, and clothing as one of the major requisites for staying alive? And who is effectively at work to show the public this crucial glimpse of the obvious?

We cannot deal with nurses as though we were disposing soliders in battle lines. They are free to leave nursing if they please. Then what are the incentives and rewards of nursing going to be? What can be done to maintain the present high status of a well-trained professional nurse? Are medical students being taught to appreciate the professional importance of nurses and how to work with them effectively? Why not? Whose fault is it if the present generation of doctors are bewildered at the lack of nurses? Does new hospital construction show ever increasing understanding of the importance of labor-saving

devices for nurses? If housewives find housekeeping easier than it used to be, why is not that true of nursing? How frequently do hospital trustees ask for and act on information relating to this whole list: hours of work, vacations, sick leave, free evenings, over-time, part-time employment, and retirement plans for nurses. Do any other employers of nurses face in increasing measure these realities? Are nurses entering the social security group? Are there substantial wage differentials to reward increasing competence in nurses? Or is it unhappily true that once a nurse no prospect for professional growth nor a reasonable reward for it?

When will we wake up to the fact that the religious abnegation of earlier years cannot be counted on now that we want a profession adequate in numbers, experience, dependability and working capacity? Is there any evidence that we realize that nursing is in economic competition with other careers?

And what of recruitment to the insufficient ranks of nurses? What are the trends of the past twenty years in point of the numbers in the general population, of college women, high school graduates and grammar school graduates? How many of each go into nursing? And what is the proportion of each among the various types of nurses - professional, registered and practical? What proportion of entrants to nursing schools drop out before they finish? What are the reasons given? What may the other reasons be?

What is being done to put an end to the apprenticeship system and to put a more attractive and reasonable form of education in its place? If nursing involves teamwork and supervision, do nurses get any kind of instruction in the psychological considerations that are beginning to revolutionize industrial management and other forms of administration? Why not?

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Such are some of the questions whose answers would enable each of us to forecast the future of nursing. They are not all the questions. I have deliberately left out some and unwittingly left out others.

Whether any one of us can resolve the problems of nursing seems doubtful. But the immediate and practical decision before each one of us is not that. It is whether each of us cares to take a creditable hand in improving the future of nursing. For this purpose at least I can prophesy individual success if you will tenaciously believe in great plans and high causes, in the power of taking the initiative, in the wisdom of making the direct approach, in freedom from self-pity and above all in endurance. For that last, especially, this is the sanest of all advice -- get plenty of sleep! For sleep prepares us for the morrow.